

## Substance Use Worksheet

Name \_\_\_\_\_

DOB \_\_\_\_\_

SSN \_\_\_\_\_

### GENERAL HISTORY

*(detailed information is listed on Worksheet 8, the Applicant Assessment form)*

Brain damage history (due to head injury, illness, or substance use)? ☐ Yes ☐ No

History of physical abuse? ☐ Yes ☐ No

History of sexual abuse? ☐ Yes ☐ No

Diagnosis of serious and persistent mental illness? ☐ Yes ☐ No

List diagnoses: Axis I: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Axis II: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Axis III: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SUBSTANCE USE HISTORY

How much do you drink now? What drugs do you use, how much, and (usually) how often? *(Obtain clarification if the person says something like 'a little,' or 'a lot,' or 'not much.')*

How old were you when you first started drinking (or using drugs)?

What do you think made you decide to drink and/or use drugs?

When you drank or used drugs, how did you feel? What was the effect of your use on your life?

What happened since that time? How would you describe your life since you've been using? What do you think affected how much you drank or used drugs?

What is your substance of choice now (if you could use any alcohol or other drug that you wanted, what would it be)? Why? How does it make you feel? What does it do?

How old were you when you drank/used drugs the most? What was going on at that time?

Have you ever tried to limit your substance use? If yes, what happened?

Have you ever experienced blackouts (when you didn't remember what happened), shaking, or seizures when you were using alcohol or other drugs? How often? Were you treated for anything when this happened?

Have you ever been in any treatment for your substance use?

Do you feel your substance use is a problem? Can you tell me why?

If you tried to stop drinking or using drugs now, what do you think would happen? How do you think you would do?

### FUTURE STEPS

Further evaluation needed? ☐ Yes ☐ No

If yes, what type of evaluation?

Appointment dates for needed evaluation(s)			
Place	Address	Phone Number	Type of Evaluation

Interviewer \_\_\_\_\_

Date \_\_\_\_\_